

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 70/813,336
APPLICANT'S

FILED DATE

AS FILED		APPROVED AMENDMENT		3-3-06 CLAIMS	
NO	DEP	NO	DEP	NO	DEP
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
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46					
47					
48					
49					
50					
TOTAL NO.		TOTAL DEP.		TOTAL CLAIMS	
1		24		25	

AS FILED		APPROVED AMENDMENT		3-3-06 CLAIMS	
NO	DEP	NO	DEP	NO	DEP
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
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95					
96					
97					
98					
99					
100					
TOTAL NO.		TOTAL DEP.		TOTAL CLAIMS	
1		20		31	